



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**STATE OF GEORGIA**  
**CLINICAL LABORATORY LICENSE**

This is to certify that a license is hereby granted to

**QUEST DIAGNOSTICS CLINICAL LABORATORIES**

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at

**1777 MONTREAL CIRCLE; TUCKER, GA 30084**

(Address)

named as

**QUEST DIAGNOSTICS CLINICAL LABORATORIES**

(Name of Facility)

Pursuant to the terms of the Georgia Clinical Laboratory Licensure Law (Georgia Laws of 1970, p. 531 as amended), the above names facility is hereby licensed to function as a clinical laboratory, at address shown, for purposes of performing tests in the following categories or subcategories of procedures:

**CLINICAL CHEMISTRY - ROUTINE, URINALYSIS, TOXICOLOGY (MEDICAL), TDM**

**HEMATOLOGY**

**IMMUNOHEMATOLOGY - GROUP, TYPE, ANTIBODY SCREEN, IDENTIFICATION, VIROLOGY**

**MICROBIOLOGY - BACTERIOLOGY I, MYCOBACTERIOLOGY I, MYCOLOGY II, PARASITOLOGY, VIROLOGY**

**CLINICAL IMMUN AND SEROLOGY - SYPHILIS, NON-SYPHILIS, VIRAL SEROLOGY, HIV**

**PATHOLOGY - EXFOLIATIVE CYTOLOGY, ANATOMIC PATHOLOGY, ORAL PATHOLOGY**

**SPECIMEN COLLECTION STATIONS**

**OTHER - MOLECULAR DIAGNOSTICS FOR, INFECTIOUS DISEASE**

This license is effective and remains in effect unless revoked or suspended. This permit is granted pursuant to the authority vested in the Department of Community Health, official code of Georgia, Title 31, Chapter 5, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued.

Laboratory Director:

**ANDREW NATHAN YOUNG**

License number:

**044-022**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

This license is not transferable

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief



**ATTENTION CLINICAL LABORATORY:**

Enclosed is your license to operate as a Georgia State Clinical Laboratory. The license must be displayed in your place of business at all times. **Please note that the license does not include an expiration date and remains in effect until the license is suspended, revoked, limited or cancelled due to inactivity.** You will not be issued a new permit for each year of operation; however, initial applicants are required to become operational and begin providing clinical laboratory services within ninety (90) days of the effective date of licensure. If you fail to provide clinical laboratory services for a period of two years or more, the Department will consider your agency to have voluntarily closed. A new application approval process will be required for your agency to again provide Clinical Laboratory Services.

**Inspections; Fees; License Changes**

An initial inspection and occasional recertification inspections will be conducted by our office to determine compliance with the Rules and Regulations. Under state law, you are required to pay an annual license fee to the Department no later than December 31st of each year. Payment can be made through our website at <https://dch.georgia.gov/facility-licensure>. You are required to notify the Department and complete an electronic application at least (30) thirty days in advance of a change in the program's name, governing body, address, or services.

**Revocation**

Failure to correct deficiencies found during inspections, pay annual fees of assessed penalties, or failure to submit notification of license changes, may result in revocation of your license. Once a license is revoked, you may not be able to reapply or you may be required to wait a full year before reapplication.

**Additional Information**

Please review the Rules and Regulations and other information on our website. If you have any questions, please contact us at [nicole.wilson@dch.ga.gov](mailto:nicole.wilson@dch.ga.gov).

Sincerely,

Diagnostics Division  
Healthcare Facility Regulation Division  
Department of Community Health